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Michigan First Health Care Plan

overnor Jennifer M. Granholm recently released details of the Michigan First Health Care Plan. The plan will attack the factors that are driving health care costs up, make affordable insurance products available to individuals, and help make insurance more affordable for small businesses to provide to their employees.

"The Michigan First Health Care Plan will provide affordable health care coverage to every citizen in Michigan," said Granholm. "This plan will provide a quality product at an affordable cost, create incentives for business, and help bring down health care costs for everyone."

The Michigan First Health Care Plan will provide access to affordable insurance products for individuals and small businesses, and strengthen and support employer-sponsored insurance (ESI) while building upon the steps already taken to expand coverage and reduce costs.

This plan will extend affordable health care to all Michigan citizens by:

- creating an affordable private market health care product for individuals and businesses:
- subsidizing care for those who can least afford it;
- creating incentives for businesses to offer coverage to their employees; and
- reducing the overall cost of health care



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Michigan First Health Care Plan

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delivery by expanding technology and promoting healthy lifestyles.

To implement this plan, the state will apply for a federal Medicaid waiver. This waiver will provide Michigan with the flexibility necessary to redirect existing state resources and new federal dollars to provide premium assistance for private health insurance products for uninsured individuals who do not currently have access to affordable health care coverage. In addition, significantly reducing the number of uninsured will help alleviate the financial burden currently placed on individuals and businesses that provide health coverage.

Individuals without insurance will have access to private sector insurance plans offered by a newlycreated "Exchange" which will administer the plan. Premium assistance will be provided on a sliding scale based on income. Health insurance products offered by the Exchange will rely on private sector approaches, including managed care with defined networks, benefits that are more comparable to ESI and small group market plans, higher cost sharing than Medicaid, and the pre-tax treatment of contributions to reduce cost.

The Michigan First Healthcare Plan will also provide a platform to extend access to affordable insurance products to small businesses with uninsured employees. By purchasing through the Exchange, these businesses will be able to offer affordable coverage to their employees, enable employees to use pretax dollars to save even more, and benefit from tax savings as well.

"This program will benefit every citizen in Michigan," said Granholm. "Those without access to traditional insurance will have affordable options, employers will be able to provide insurance at more manageable rates, and those already in the market will enjoy the cost savings."

The Michigan First Healthcare Plan builds upon the Granholm Administration's efforts to reduce costs and expand access through:

- expanding county health plans;
- the MiRx prescription drug card;
- a first in the nation bulk purchasing program for prescription drugs;
- creation of a Michigan Health Information Network to make health care records portable and reduce redundancy and cost; and
- encouraging healthy behaviors and personal responsibility to lower overall health care costs by cutting down on preventable conditions.

IMPORTANCE OF NON-TRADITIONAL OCCUPATIONS

– Patty Cantu, Director Office of Career and Technical Preparation, MDLEG.

hen more than 1,000 Michigan elementary school students were asked to describe what life would be like if they were born a member of the opposite sex, more than 40% of the girls saw positive advantages to being a boy; better jobs, more money and definitely more respect. 95% of the boys saw no advantage to being a female.



Thirty three years following enactment of Title IX,

high school girls are still severely under-represented in career education courses that are nontraditional for their gender*. Girls represent only 2 percent of automotive technician students in New Jersey. There are no girls taking electrician classes in Illinois, or masonry courses in Missouri or plumbing courses in North Carolina. Girls continue to represent 15 percent of students in the traditionally male fields of agriculture, precision production, engineering, construction and repair, and automotive service.

Here in Michigan, girls make up 89 percent of students in traditionally female courses, such as child care, and 9 percent of students in nontraditional courses. 7,555 girls are enrolled in health science courses, compared to 1,340 boys. 568 girls are enrolled in automotive technical courses, compared to 7,390 boys.

Sex segregation in coursework has critical implications for girls' economic security as adults. Traditionally female fields pay substantially lower wages than nontraditional fields. In cosmetology, a field in which girls represent 98 percent of students nationally, workers earn a median wage of \$9.32 per hour. Electricians – where girls make up only 6 percent of students – earn more than twice as much at \$20.33. Occupations in the male-dominated categories pay an average median hourly wage of \$17.69, while the traditionally female fields pay just \$13.33.

The data show that the fields that girls have traditionally been encouraged to enter – and for which they continue to prepare in large numbers today – provide much lower wages. We need to ensure that female students have

Non-Traditional Occupations

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equal access to economic security through training for high-wage, high-skill occupations.

Unfortunately, practices that channel females into low-wage jobs still exist in many schools. The number one reason that young women do not sign up for technical education programs is the lack of other young women in them. Secondly, young women do not enroll because they lack career information about nontraditional jobs. Nontraditional programs may have inequities that are not obvious to instructors and administrators. There may be no dressing rooms for women near a shop or the atmosphere is unwelcome. Students in nontraditional occupations often have challenges ranging from social/cultural misperceptions such as "women who choose nontraditional jobs aren't feminine" which causes social isolation.

Nontraditional role models, both male and female, including instructors and paraprofessionals,

representatives of local businesses and successful students, are key to encouraging girls to enroll in technical education programs. DLEG sponsors the yearly Breaking Traditions Awards that recognizes students in a career or technical education field that is nontraditional for their gender. The 2006 student winners are wonderful role models. One winner, Michelle Budnik-Nap, studying auto mechanics, says, "The feeling of doing what I am passionate about was worth any teasing, direct or indirect, I received. Do not be afraid, as there are many people who will support you." And Crystal Jackson, studying Building Trades, states, "I have had to overcome disbelief and disrespect from those who didn't believe a girl could be as good as the guys or that I was too 'girly' to do construction."

The great news is that these young women have achieved their career goals. They prove that girls, when given an opportunity, are eager to prepare for the jobs of the twenty-first century.

* The Bureau of Labor Statistics defines a nontraditional occupation as one in which one gender represents less than 25% of workers. Sources: Forging New Pathways & Tools of the Trade, National Women's Law Center.

Older Women and Elder Abuse – Are You at Risk?

■ Ider Abuse is an equal opportunity people of all ethnic backgrounds, living situations, and social statuses. Nationally, it is estimated that five to ten percent of older adults are victims of physical, psychological, or other forms of abuse and neglect. This means there could be 80,000 victims in Michigan. Experts estimate that for every case of elder abuse and neglect that is reported to authorities, there may be as many as five cases that have not been reported.

However, there are a few factors that put a person at greater risk. These factors include being socially isolated or having a mental impairment or being female. Why are women at greater risk? Because Michigan's senior population is disproportionately female (almost 60% of Michigan

seniors are women). In fact, the older you get, the greater the risk (in the age group over age 85, more than 70% are female).

Elder abuse is the infliction of physical, emotional or psychological harm on an older adult. It can take many forms – physical abuse, emotional abuse, neglect, self-neglect, and financial exploitation – and may be characterized by a variety of symptoms. Unfortunately, someone known to the senior most often perpetrates crimes of elder abuse. However, crimes committed by strangers - including identity theft and fraud, are growing.

To reduce the risk of being victimized, there are a few general tips that seniors should keep in mind. It is important to stay socially connected, plan for your financial future, and voice your wishes regarding

future health care issues. In addition, you should be aware of local resources and know that there are people to help you. Being an informed consumer, for example, when hiring a caregiver or a contractor, is also a good protection measure.

In order to address the issue of elder abuse on a statewide level, Governor Jennifer Granholm established a Task Force on Elder Abuse on May 25, 2005. In establishing the Task Force and appointing its 17 members, Governor Granholm stated, "This task force will help us develop a blueprint to ensure our most vulnerable citizens are protected."

Governor Granholm charged the Task Force with assisting the state in identifying new resources, best practices, and necessary changes in law, policies, and practices to assist in preventing elder abuse. Over the past year, members reviewed national, state, and local efforts to prevent and prosecute elder abuse. After serious discussion and deliberation, the task force developed a number of draft recommendations and in May held three public hearings to solicit input. Stay tuned for the release of the final report to the Governor.

We all have the responsibility to report suspected abuse. Help is available twenty-four hours a day, seven days a week by calling the Vulnerable Adult Helpline, at 1-800-99-NO-ABUSE.

For more information about the issue of elder abuse or the Task Force on Elder Abuse, contact the Office of Services to the Aging at 517-373-8230 or visit www.miseniors.net.

Plan First! Enrollment Begins July 1 New program will expand services to more women

PLAN FIRST!

ichigan Governor Jennifer M. Granholm announced on June 29 that enrollment for the state's new Plan First! program will begin July 1, and will expand health services to an expected 200,000 more women.

"Investing in more preventative health care for women will help reduce health care costs statewide," Granholm said. "Through this innovative program, we will extend services to women across the state and help reduce infant mortality, child abuse, child neglect, and unintended pregnancies."

Granholm said if Michigan can reduce the number of unintended pregnancies by only 10 percent, it would save the state more than \$27 million in Medicaid expenditures annually. Plan First! is a program to expand family planning to 200,000 low income women.

The creation of the Plan First! program came after the federal government approved the Governor's request for a Medicaid waiver to fund the program in March 2006. Michigan will kick off its official Plan First! marketing campaign on July 5, when television commercials debut throughout the state.

Granholm first announced plans for Plan First! when she unveiled her Blueprint for Preventing Unintended Pregnancies in July 2005 that also includes two other initiatives: "Talk Early, Talk Often," a pilot program that has already taught hundreds of middle school parents to talk to their children about sexuality and abstinence; and contraceptive equity for men and women.

Through Plan First!, the Michigan Department of Community Health (MDCH) will now provide family planning services to women - ages 19 to 44 - who otherwise would not have medical coverage for these services.

Janet Olszewski, MDCH Director, said 200,000 women at or below 185 percent of poverty who reside in Michigan and meet Medicaid eligibility are estimated to benefit from the extension of family planning services.

"It is estimated that each public dollar spent to provide family planning services saves \$3 that would otherwise be spent in Medicaid costs for pregnancy-related care and medical care for newborns, according to national Medicaid research," Olszewski said. "These services provide cost-savings solutions for our Medicaid program, as well as prevent unintended pregnancies."

Olszewski said the program does not include coverage for abortions or treatment of infertility. Eighteen other states have similar programs for family planning services.

MDCH's Pregnancy Risk Assessment Monitoring System (PRAMS - a survey of maternal experiences and behaviors before and during a woman's pregnancy) data for the year 2001 shows that 40.6 percent of all pregnancies were unintended.

Individuals that are interested in applying for Plan First! services can call 1-800-642-3195 to enroll in the program.

The Michigan Women's Commission will hold a meeting and public hearing at Oakland Community College on Wednesday, September 13. The public hearing will be from 4:00 to 6:00 p.m. at Oakland Community College, Orchard Ridge campus, Building J, Room 306. The campus is located off Orchard Lake Road, just south of I-696 (exit 5). For more information, go to www. michigan.gov/mdcr.

On June 14, the Michigan Women's Commission held its quarterly meeting and its fifth public in Saginaw at the Saginaw Valley Community College. We heard from numerous organizations and individuals about issues of concern to them. Other hearings have been held in Lansing, Grand Rapids, Detroit, and Traverse City. A summary of the hearings is available on our web site.

COMMISSION NEWS

Welcome and Thank You!

overnor Jennifer M. Granholm announced in June the following recent appointments and reappointments to the Michigan Women's Commission.

Rana A. Abbas of Dearborn, deputy director of the American-Arab Discrimination Committee and president of Arab American Women Advocating for Resources & Empowerment (AWARE). Ms. Abbas is appointed for a term expiring July 15, 2008. She succeeds Joyce A. Watts whose term has expired.

Renee T. Farhat of Birmingham, on sabbactical after adopting their son, Patrick. Formerly worked with the Farhat Group, Blue Cross Blue Shield of Michigan, House of Representatives and former Governor James J. Blanchard. Ms. Farhat is appointed for a term expiring July 15, 2008. She succeeds Denise Radtke whose term has expired.

Sheryl L. Mitchell of West Bloomfield, senior analyst with the Oakland County Board of Commissioners and chairperson of the West Bloomfield Parks and Recreation Commission. Ms. Mitchell is appointed for a term expiring July 15, 2008. She succeeds Patricia Hardy whose term has expired.

Rosa E. Morales of Saginaw, faculty member and director of the Hispanics and Minorities in Journalism Program at the Michigan State University School of Journalism. Ms. Morales is appointed for a term expiring July 15, 2008. She succeeds Anne Norlander whose term has expired.

Maria Ladas Hoopes of North Muskegon, attorney and partner with Ladas, Hoopes & Associates Law Offices. Ms. Hoopes is reappointed for a term expiring July 15, 2009.

Brenda L. Jones Quick of Traverse City, attorney with Smith Haughey Rice & Roegge. Ms. Quick is reappointed for a term expiring July 15, 2009.

Emily A. Malloy of Grand Rapids, marketing

associate with the Heart of West Michigan United Way. Ms. Malloy is reappointed for a term expiring July 15, 2009.

Judith S. Rosenberg of Birmingham, property manager with Dunitz Management Company. Ms. Rosenberg is reappointed for a term expiring July 15, 2009.

We want to thank the members of the commission who have served: Anne Norlander, who served as a past chair; Patricia Hardy, Denise Radtke and Joyce Watts. We enjoyed working with all of you and look forward to more opportunities to work together to improve the quality of life for Michigan's women!

CALENDAR

August 3 - 6, Dearborn, University of Michigan Labor Studies Center. Summer School for Women Workers - open to all workers, union members, and leaders from a variety of workplaces, jobs, and unions, to learn new ideas, strategies and skills to meet the needs and challenges facing workers. http://www.ilir.umich.edu/LSC/Index.cfm?page=Event&Event=SSWW06

August 8, Tuesday – Michigan's primary election (www.michigan.gov/sos)

August 26, Saturday – Women's Equality Day, Ratification of the 19th amendment providing women the right to vote (www.lwv.org). Events are scheduled in southeast Michigan, Lansing and Muskegon. Please contact MWC for more information.

September 2006 Ann Arbor, University of Michigan. Sally Ride Science Festival for 5-8th grade girls, day of science and socializing (www.sallyridefestivals.com)

September 13, Wednesday – Michigan Women's Commission Meeting and Public Hearing - Oakland Community College (www.michigan.gov/mdcr)

Michigan Women's Commission 110 West Michigan, Suite 800 Lansing, Michigan 48933 (517) 373-2884 fax: (517) 335-1649 www.michigan.gov/mdcr

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CALENDAR (cont.)

September 14-15 - Global Feminism Conference, University of Michigan (www.umich.edu/-gibfem/)

September 26 - 27, Livonia, Rock Financial Showplace. Michigan Women's Business Council annual conference (www.miceed.org)

October – Domestic Violence Awareness Month (www.ncadv.org) & Breast Cancer Awareness Month (www.cancer.org)

October 10, Tuesday – Last day to register to vote for Michigan's General Election (www.michigan.gov/sos)

October 12-13 – Against Health: Resisting the Invisible Morality Conference, University of Michigan (www.umich.edu/againsthealth)

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